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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. First Named Inventor or Application Identifier Title Express Mail Label No.	UTCI.007US1 Peter H. Xiao et al. LCD Driver EV 321 715 933 US
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Box Patent Application P. O. Box 1450, Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i> (Submit an original, and a duplicate for fee processing)		6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of _____ pages of microfiche containing _____ frames on each page in accompanying envelope.	
2. Application: <input checked="" type="checkbox"/> Specification: (8 pages) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description <input checked="" type="checkbox"/> Claim(s) (8 pages) <input checked="" type="checkbox"/> Abstract of the Disclosure (1 page)		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) (11 sheets)		ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration <input checked="" type="checkbox"/> unsigned (2 pages) a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) c. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) _____ pages 9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input type="checkbox"/> Power of Attorney (combined when there is an _____ with Patent Declaration Assignee) _____ above.) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS) (_____ pages) & <input type="checkbox"/> PTO Form 1449 (_____ page) 12. <input type="checkbox"/> Preliminary Amendment _____ pages 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 14. Small Entity Status <input type="checkbox"/> Small Entity Statement Enclosed _____ pages <input type="checkbox"/> Statement filed in prior application; and status still proper and desired <input type="checkbox"/> Is no longer claimed.	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Other: <input type="checkbox"/> Copy of Petition for Extension of Time filed in parent appln.; <input type="checkbox"/>			
17. If a CONTINUATING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No. _____ Filed on _____, entitled: _____			
PRIOR APPLICATION INFORMATION: Examiner _____ Group Art Unit _____			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below	
36257			
Name Attorneys for Applicant	James S. Hsue Parsons Hsue & de Runtz LLP		Reg. No. 29,545
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22264 U.S. PTO
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09/19/03



Please type a plus sign (+) inside this box ⇒

19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	44 - 20	=	24	x	\$18	=	\$432.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 - 3	=	0	x	\$84	=	\$ 0.00
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))			+ \$280.00	=		=	
				BASIC FEE (37 CFR 1.16(a))	=	\$ 750.00	=	
				Total of above Calculations	=	\$1182.00	=	
				Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).	=	591.00	=	
				TOTAL	=	\$591.00	=	

20. FEES:

- A check is enclosed for \$591.00.

The Commissioner is hereby authorized to credit overpayments or charge any additional fees required to Deposit Account No. 502664:

21. Other: _____

NOTE: The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	36257	<input checked="" type="checkbox"/> New correspondence address below			
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23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

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